



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**GOVERNOR'S ADVISORY COUNCIL (GAC)
TO THE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

September 15, 2015

The Governor's Advisory Council to the Division of Developmental Disabilities Services met on September 15, 2015, at the 1056 Woodbrook Conference Room in Dover.

COUNCIL MEMBERS PRESENT: Terri Hancharick, Chair
Thomas Rust
Susan Pereira
Gail Womble

COUNCIL MEMBERS ABSENT: Timothy F. Brooks, Ed.D.
Jamie Doane
Angie Sipple

STAFF MEMBERS PRESENT: Jane Gallivan
Marie Nonnenmacher
Terry Macy
Vicky Gordy - minutes

GUESTS PRESENT: Vicki Haschak, Elwyn
Junika Woodall, Elwyn
Carol Kenton, Parent
Terry Olson, The ARC

CALL TO ORDER: The meeting was called to order at 11:04 a.m.

NEXT MEETING: October 20, 2015 - 11:00 a.m.

AGENDA-ADDITIONS: None

APPROVAL OF MINUTES: The minutes from 7/21/15 were tabled to review during October Council meeting.

Introduction of New Members

Susan Pereira and Gail Womble introduced their selves to the Council; Council welcomed new members.

Family Support Waiver

Although the Family Support Waiver application is completed, due to not receiving funding for positions to implement and manage a Family Support Waiver, DDDS is attempting to streamline work/process and is considering other options. One option is to add family support services to the current Waiver via an amendment. Benefits include not needing two quality assurance plans and may potentially be a cost saver when individual's transition to residential settings due to lowering emergency placement costs as person would already be receiving Waiver services. Due to not receiving additional funding the family support services package offered to families would be relatively small. The design would need to address prioritization of the first groups moving to the Waiver. Other Medicaid options are being considered as well.

Family support services are state funded which provides flexibility in what and how services are paid. If moved to Waiver, descriptions of processes and funding structure must be followed exactly. If DDDS goes with this option, a considerable amount of state funding will be transferred to fund Waiver; therefore, the availability of state funding will lessen.

Supported Decision Making

Supported Decision Making is another option to guardianship. People remain as their own guardian while designating someone who is not profiting financially from the person to assist them when decision making requires assistance (i.e. medication administration/usage, personal finances, doctor visits/consultations, etc.) or other circumstance that public involvement is necessary. The person is making their own decision while the Supported Decision Making individual supports the person by explaining options, to allow the person to be as independent as possible. This is similar to "power of attorney" although not as stringent (supported decision making individual does not have signatory rights). Reportedly, this is happening nationally and internationally.

DDDS, DD Council, and Office of Public Guardian applied for and were awarded a small grant from the Association of Community Living to explore how to best implement supported decision making legislation. Model legislation is being reviewed. The workgroup is making headway in developing legislation. Once completed, the legislation will be shared with Council.

Individuals, families, self advocates, and judges have been looking for ways to find an alternative to avoid requiring more restrictive avenues that Supported Decision Making plans to fulfill.

DDDS Quality Working Group

Fiscal Year 2016 budget epilogue language supports moving forward with planning for the development of additional quality standards for authorized provider agencies, which after completed will be used to design a program by using quality indicators to gage provider agencies for individuals/families to use to assist with choice that DDDS intends to post on website. This includes allocation of \$75,000.00 to provide a project manager for the Working Group to facilitate and research items detailed in the DDDS Quality Working Group report. Due to funding being over threshold, DDDS developed the request for proposal (RFP) to contract with a project manager. Once approved, the DDDS Quality Working Group will reconvene. DDDS continues to research a number of states with current target being South Dakota, which has done a lot of work surrounding tying Council for Quality Leadership standards into their provider agencies performance.

CMS Transition Plan Update/Public Hearings

County public hearings surrounding the revised CMS Transition Plan were held in August. DDDS is meeting with Division of Medicaid and Medical Assistance (DMMA) to respond to questions.

The draft updates to Transition Plan were release approximately one month ago with the expectation that people would have the opportunity to review and to comment during public hearings. The intent is to submit the revised Transition Plan to CMS on September 17, 2015, that includes changes made to plan as result of public comment, the actual public comments, and the responses to comments. Initially the public comments were part of the document. The revised version will present public comments broken into two appendices. Therefore, the most recent public hearings held in each county will be grouped together and the original public comments will be broken into another document. DMMA plans to continue this process with all public comments from plan. Changes occurring from revisions are to be bolded throughout plan. This makes it easier to locate public comments without reviewing entire plan.

The attendance during the Kent and Sussex Counties public hearings was small; New Castle County hearing presented more attendees.

The Council discussed the false information parents are receiving relating to DDDS removing group home option. **DDDS has no intentions to remove group home option** and is unaware where this false information stems. DDDS plans to revise the communication sent to provider agencies after the first set of public hearings addressing rumors to send to families. DDDS is attempting to create a family friendly website (lengthy process) to provide more information to families.

The provider agency self-assessment surveys were released. A few provider agencies volunteered to pilot the tool. Feedback received was helpful in clarifying questions and process. Two conference call question and answer sessions with provider agencies were held on September 10, 2015. The majority of questions during calls surrounded day services. DDDS wants to be sure that any unclear questions are understandable. DDDS is developing a “frequently asked questions” document from the conference calls and other inquiries that will be distributed to provider agencies when completed. Marissa Catalon, Director of DDDS Day and Transition Services will supply assistance to day service provider agencies that present questions or require guidance. Robert Paxson, Regional Director of Quality Improvement is collecting residential information and will supply technical advice if necessary.

The “look behind” surveys will be completed by teams of DDDS quality assurance staff as written in the Transition Plan (sample of provider agencies surveyed each year - by end of 2019, provider agencies look behind surveys will be complete). The quality review process is being revised to include community inclusion revisions to standard checklist to ensure compliance moving forward. DDDS is unsure if CMS will accept as designed.

CMS has not approved Delaware’s Transition Plan to date. CMS sent letters to states asking for clarifications and/or expectations although DDDS is not aware of CMS approving any state’s transition plan; therefore, states are moving forward as necessary, unsure of CMS acceptance of plan.

DDDS is compiling a consumer survey based on similar survey questions. Once completed DDDS plans to review with team of self-advocates for feedback. This would also be opened to guardians.

Person Centered Planning

The Delaware Person Centered Life Span Planning graph was distributed to Council. The graph distributed is broken into three different groups.

Pre-Planning – has an **emphasis on discovery** by assisting the individual and family/guardian to think about things to consider depending upon where family and individual is in life. Family Support Specialists (FSS) are identified to assist families and individuals with the pre-planning process. (Council asked to keep in mind that FSS carry caseloads of approximately 100.). This process is one of conversation and the term “lifespan robust discovery” was coined to describe process. The individual, families and/or guardians, and family support specialists will have conversations surrounding the person’s wants. People who live at home with their families have no prior experience in the pre-planning process. The tool from Washington State (product of The ARC and Developmental Disabilities Council) is a person centered planning guide that is a flexible outstanding plan that is practical. Families could use this document with guidance from FSS, depending upon child’s age, to begin thinking about where their child is to determine things to begin engaging in. DDDS is working to determine better ways to support families in a robust way than currently. One goal is to utilize this process to assist with identifying where families are and where more assistance is required.

To develop a true person centered planning system the gathering of stakeholders groups is necessary but due to time constraints, DDDS is backing into the development of person centered planning by way of creating the electronic record. In the future, DDDS must engage stakeholder groups to have further discussion about the process.

Reportedly, families require assistance with how to develop a good plan to include formatting specific information in plan. Beyond the FSS role, DDDS needs to provide parent education surrounding this process for all families, particularly as DDDS launches into something that is a better planning process for families and individuals. DDDS needs to invest in how to get families and individuals training accomplished. DDDS must collaborate with other organizations that will assist with training of individuals and families who reside in the family home to provide continuous training and for people to have the opportunity to speak with other families to share experiences.

Initial Planning –This step is meeting based that intends to move the planning process from what it was to person centered throughout plan. Organization, making sure the person is controlling and supported to control the meeting, and has the tools needed to proceed is necessary for this step. Some adult individuals who need urgent services may not have experienced the pre-planning step. Both the pre-planning and initial planning steps place an emphasis on discovery.

This process was intentionally created to achieve outcomes. DDDS chose not to begin with goals, objectives, and outcomes as experience presents that individuals “wants” get lost in the process. DDDS intends to keep process simple by focusing on what the person wants to achieve (outcome). Discovery drives everything, you create outcomes, create strategies to achieve those outcomes, create timelines to achieve outcomes, and establish who is responsible to assist in achieving outcomes. Follow up and monitoring will be built in process, as evidenced by introducing “learning logs” – an interactive way for support persons to communicate explained in Ohio’s Imagine video.

Annual planning has less emphasis on discovery and more emphasis on reviewing the status of outcomes. Follow up will include monitoring. Future planning includes anchoring what was accomplished and anticipating what is to be the accomplishment once prior outcome is gained. Once outcomes are changed, team members will change that are responsive to desired outcome.

DDDS is confident that the electronic record structure will be responsive to change to an outcome-based system. It appears that the person centered planning process began to fall apart when it was forced to fit into Therap due to the system being dictated by an electronic case record by process. This is the wrong way to approach. At present Core Solutions is providing DDDS with an electronic case record system that required specifications immediately. Therefore, research surrounding emerging best practices was completed that assisted DDDS with developing an outline of what will be built upon in the electronic case record system. The next step is to bring to stakeholders group to provide input to the detail of what is going to be in the electronic record.

To apply for a Family Support Waiver or to amend the current Waiver to include Family Support a planning process must be described. Therefore, by having a planning process for families different from the Life Plan, this rule can be met.

The cost associated with Life Plan development was discussed. This is discussed and determined during the Life Plan process and is depended upon the outcome the individual desires. As an example, the person wants to participate in volunteerism. Part of the Life Plan needs to sort out how that activity will be supported to happen (outcome). During the Life Plan discussion, the provider agency is to determine staffing to allow activity to occur. Generally, provider agencies relocate staff to support people; therefore, this does not automatically support the need for more staffing.

The Council discussed how different agency providers come together for group activities, although persons are prohibited to ride in state fleet vehicles assigned to different agency provider.

Reports

The DDDS Vacancies and Development report was distributed and discussed by Council. The term “vacancies” describes a site development that was full and when one person moves, the vacant bedroom becomes a vacancy. The term “capacity” refers to a newly developed site that houses two people with the potential to house three. The empty room does not count as vacancy until filled and vacated; therefore, it falls under the term “capacity”. In other words, “capacity” is a new program site that is not completely filled.

Statistics reveals that the majority of growth is occurring within group living (group homes and/or community living arrangements (CLA’s)). There was a decrease in shared living and a small amount of growth in supported living (people living on their own with 40 hours or less of support per week). The full end of year reported will be available on DDDS website soon.

Thirty additional families are authorized to begin shopping for residential placement based on risk assessment. DDDS offers all vacancies and capacities to individuals/families shopping for placement before requesting new development. A small amount of school graduates are authorized to shop for placement due to not reaching high risk level. People that require minimal support may live on their own with drop in supports. Generally, people that are eligible for DDDS services are staying home with families (approx. 72%), which is the national norm.

Currently there are 27 vacancies (2.9%), 12 in group/neighborhood homes (2 are ARC homes) and 15 in Community Living Arrangements (CLA’s). Additional capacity for 5 individuals in newly developed sites. As of FY16, 7 individuals are placed, 7 have chosen placement site and are in process of being placed, 38 shopping letters were sent and there are 6 in emergency temporary living arrangements (ETLA’s) that may or may not become permanent.

Retreat

Tabled for November 17, 2015 meeting.

Announcements and Informational Items

“Save the Date” postcards for the Life Conference (January 20, 2016 at the Dover Downs Hotel) were distributed.

For management purposes, DDDS is dividing the Community Services New Castle Region into two groups by zip codes under the headings of New Castle Region East and New Castle Region West (launching in October). Different Regional Program Directors with identical duties manage each region. Kent and Sussex Regions will remain as two separate regions. In the past when DDDS attempted to keep region in one group, management difficulties and confusion was prevalent.

Frann Anderson accepted a position with the Division of Substance Abuse and Mental Health (DSAMH) as the Director of Alcohol and Drug Services. Jane Gallivan, DDDS Director and DSAMH Division Director, Michael Barbieri have had several conversations regarding joint projects that Frann will continue to support to include the Dual Diagnosis project and the DDDS Quality Working Group. DDDS received authorization to move forward with the Dual Diagnosis project. Currently a RFP is being developed to create a dual diagnosis quasi ACT team (team who specialize in people with both mental illness and intellectual disability). Frann is a significant loss to the DDDS Team.

DDDS has been working to produce more “user friendly” information for families and people served as evidenced by the completed DDDS brochure and the recently completed DDDS Family Support brochure; both equipped with Spanish version. These provide descriptions of services and many resources that may be used as a guide for families new to DDDS. DDDS distributes brochures at all events to include schools, during the intake process, and brochures are accessible at DDDS locations.

Adjournment

The meeting adjourned at 12:50 p.m.